GYNECOLOGY

UNDER THE CHARGE OF

JOHN G. CLARK, M.D.,

PROFESSOR OF GYNECOLOGY IN THE UNIVERSITY OF PENNSYLVANIA, PHILADELPHIA,

AND

FRANK B. BLOCK, M.D.,

ASSISTANT INSTRUCTOR IN GYNECOLOGY, MEDICAL SCHOOL, UNIVERSITY OF PENNSYLVANIA, PHILADELPHIA.

Carcinoma of Ovarian Teratoma.—In view of the evident irritating character of the contained cyst fluid, together with the chronic irritation caused by the hair, producing as it does granulation tissue with giant-cell formation, it is remarkable that more cases of carcinomatous degeneration of the epithelial lining of teratomatous cysts, commonly called "dermoid cysts," of the ovary have not been observed. A possibility exists that too often these tumors are regarded as innocent and no gross or microscopic examination of the tumor is made as a matter of routine. In view of the skepticism usually expressed in commenting on carcinoma of the ovary arising from the epithelial lining of a cystic teratoma, the case recently reported by SPALDING (*Am. Jour. Obst.*, 1919, lxxx, 401) is of more than passing interest. The tumor was noted some days after operation following the laboratory routine which has to do with more pathology than the staff can promptly handle. It has taught the lesson, however, to cut all tumors grossly in the operating room and to have frozen sections made in suspicious cases before the abdomen is closed. In this case the tumor that was removed had all the appearances of an ordinary dermoid cyst, containing gelatinous fluid and red hair, but in addition there was a small nodule, yellow in color, which was resting on the cyst lining and which was surrounded by a narrow margin of ovarian tissue. Microscopic examination of this nodule showed a thin stratum of pavement epithelium with a distinct basement-cell layer. This epithelial layer varies in thickness and at one point gives the appearance of malignant change. The epithelial cells are increased in number at this point forming a small epithelial pearl which seems to be breaking through the basement-cell layer to invade the deeper tissues. Immediately beneath the epithelium is a layer of connective tissue and muscle cells which contain many sebaceous glands and several hair follicles. Several of these glands are invaded with epithelial cell masses resembling basal-cell carcinoma. Intermingled with the deeper layers of the connective tissue and extending to the fibrous capsule of the teratoma but not penetrating it is a carcinomatous mass forming in part solid masses of small, round epithelial cells surrounded by a scanty amount of connective tissue and in part small collections of epithelial cells having an alveolar arrangement. From this pathological picture it is very difficult to decide whether the process is an adenocarcinoma or a basement-cell carcinoma and whether the malignant tumor is primarily in the ovary or comes from a malignant

degeneration of the epithelial lining of the teratoma. In the year and a half that has elapsed since operation there has been no evidence of a recurrence, a fact uniquely at variance with the heretofore reported cases. This suggests the possibility that with early carcinoma the prognosis may be good because of the thick protecting capsule of the teratoma.

Secondary Syphilis of the Uterus.—Secondary syphilis of the uterus is seldom recognized and in the few cases that have been reported, the lesions have consisted of macules, papules and ulcerations located on the outside of the cervix. In a most interesting case reported by GELLHORN (*Surg., Gynec. and Obst.*, 1919, xxix, 374) the signs differed from this general picture in several important particulars. Whereas in all previously known cases the lesion was situated upon the outside of the vaginal portion, this is probably the first instance where the specific affection could be demonstrated within the cervical canal. This was possible because there was a marked eversion of the cervix which exposed the lower third of the cervical canal. The cervical mucosa showed posteriorly, an oblong patch, about $\frac{3}{4}$ cm. in its longest diameter, which lay about $\frac{1}{2}$ cm. from the external os. This patch was very slightly raised above the neighboring mucosa and had a finely granular, pinkish surface. At the circumference and extending a little into the patch was a faintly yellowish discoloration. Two other smaller and more nearly round patches lay to the right of the larger lesion, and a fourth patch could be seen upon the mucosa anteriorly. All these patches felt soft to the touch and bled very slightly when rubbed with a cotton-armored applicator. The secretions from these patches showed an abundance of very active spirochetes of the typical pallida variety. There were no secondary lesions anywhere on the body, and as the state of the primary lesion on the labium minus indicated the recent date of the infection, the intracervical ulcerations must be regarded as the first and only secondary manifestations of syphilis in this patient. Another important point that has been brought forward by this case has to do with the heretofore accepted view that the normal secretions of syphilitic women may cause infection even in the absence of local specific manifestations. In the light of the present observation, however, this conclusion may have to be modified, since the fortunate coincidence of a cervical tear permitted Gellhorn to inspect the inside of the cervical canal and to find there the specific lesions with their rich supply of spirochetes. It is permissible to assume that in all the previously reported cases in which syphilis was transmitted in the absence of any apparent lesions in the vagina or on the cervix, that such lesions existed within the cervical canal but were invisible through the closed external os. Until further evidence to the contrary is obtained, it will be safe to adhere to the old view that discharges contain spirochetes only in the presence of a local lesion.

Operation for Hypertrophic Elongation of the Cervix.—The operative procedure that has been suggested by NOBLE (*Am. Jour. Obst.*, 1919, lxxx, 409) for the correction of that interesting condition known as hypertrophic elongation of the cervix uteri, consists of resection of the